

## Community Development Department

39550 Liberty Street, P.O. Box 5006, Fremont, CA 94537-5006 Fremont | 510 494-4460 *ph.* | 510 494-4820 fax | www.fremont.gov

## **Application for a Limited-Area Temporary Certificate of Occupancy**

(Tool Qualification or Calibration)

Under the provisions of Section 111.3 of the 2013 California Building Code the undersigned request approval for a Temporary Certificate of Occupancy for Tool Qualification and/or Calibration for:

Project Name:		Permit Number:	
Project Address:			
Subject of TCO (Limited Area)	:		
Type & Quantity of Tools to be	Qualified/Calibrated:		
Type & Quantity of Chemicals	to be Introduced:		
Justification (attach copies of a	ny FLS/HM Checklists, Signed	Permit Cards, Punch-lists, Egress Map):	
Requested By: (print and sign)			
Architect or Engineer of Record	d Date	Contractor	Date
D 111 0 (4 11 )		G N V	
Building Owner (Applicant)	Date	Contact Phone No.	
	(Staff	Use Only)	
Staff Comments:			
	Recommended	□Not Recommended	
Building Staff Signature	Date	Fire Staff Signature	Date
Hazmat Staff Signature	Date		
Hazmat Stari Signature	Date		
Comments:			
□Approved	□Denied	□Approved	□Denied
	_2	pp10100	
Building Official	Date	Fire Marshal	Date
Dunding Official	Date	i ii c iviai siiai	Date